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JC525 U.S. PTO

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PTO/SB/05 (03-01)

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Approved for use through 10/31/2002. OMB 0651-0032

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.: 1973.PSA
		First Inventor: Dawn E. Smith
		Title: Microsphere Adhesive Formulations
		Express Mail Label No.: EL569397355US

JC971 U.S. PRO  
10/05/0020  
10/23/01

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents		<b>ADDRESS TO:</b> Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 18] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets _____]</p> <p>5. <input type="checkbox"/> Oath or Declaration [Total Pages _____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>	

<b>ACCOMPANYING APPLICATION PARTS</b>	
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other _____</p>	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a Preliminary Amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-Part (CIP) of prior application No. \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an Oath or Declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying Continuation or Divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)			
Name	Cynthia L. Foulke <i>Cynthia L. Foulke</i>				
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Name (Print/Type)	Cynthia L. Foulke		Registration No. (Attorney/Agent)	32,364	
Signature	<i>Cynthia L. Foulke</i>		Date	10/23/01	

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# FEE TRANSMITTAL

## for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT: (\$1) 740.00

Complete if Known

Application Number

Filing Date October 23, 2001

First Named Inventor Dawn E. Smith

Examiner Name

Group Art Unit

Attorney Docket No 1973.PSA

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to my account.

Deposit Account Number: 14-0455

Deposit Account Name:

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	740.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1) (\$)					740.00

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
14	-3**	= 0	< 0 = 0
Independent Claims	2	-3**	= 0
Multiple Dependent			

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
103	13	203	3	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	105	Multiple dependent claim - not paid
108	80	208	40	** Passes independent claims over original claims
110	13	210	3	** Passes claims in excess of 20 and over original claims
SUBTOTAL (2) (\$ 0)				

\*\*For number previously paid, + greater. For Passes see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	100	205	55	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	100	139	100	Non-English specification	
147	2,520	147	2,520	Filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,340*	113	1,340*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	390	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,390	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
108	510	108	510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1240	241	620	Petition to revive - unintentional	
142	1240	242	620	Utility issue fee or reissue	
40	440	240	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	132	130	Petitions to the Commissioner	
100	50	100	50	Processing fee under 37 CFR 1.17(c)	
126	133	126	130	Submission of Information Disclosure Stmt	
531	40	531	40	Recording each patent assignment per property (times number of properties)	
46	13	246	655	Filing a submission after final rejection 37 CFR 1.16(a),	
48	110	248	655	For each 500, and over, for a design examined 37 CFR 1.29(c)	
73	13	273	655	Petitions for Continued Examination (PCE)	
169	900	169	900	Request for expedited examination or for a design application	
Other fee(s) due:					
*Reduced by Basic Filing Fee Paid					SUBTOTAL (3) (\$)

\*\*For number previously paid, + greater. For Passes see above

Complete if Known

SUBMITTED BY	Name/Printed	Registration No.	Telephone
Name Printed	Cynthia L. Foulke	32,364	908-685-7483
Signature	<i>Cynthia L. Foulke</i>		October 23, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.